

DESCRIPTIONS OF LIMITATIONS

SERVICE	LIMITATIONS
6. Cognitive therapy 7. Rational/emotive therapy 8. Reality therapy 9. Communication skills 10. Coping skills 11. Assertiveness training 12. Parenting skills 13. Sensitivity training	
Supportive services - Include temporary crisis placements (excluding room and board), in-home child supervision, and personal care services as prescribed in the treatment plan. These services are linked with treatment modalities and activities so that the family can continue to provide care for the child or adolescent after the termination of Family-Based Mental Health Rehabilitative Services.	

DESCRIPTIONS OF LIMITATIONS

SERVICE	LIMITATIONS
(d) Rehabilitative Services (continued)	
(ii) Mental Health Crisis Intervention Services	(a) Providers must be licensed Mental Health Crisis Intervention Service providers.
These are immediate, crisis oriented services provided to adults or children and their families who exhibit an acute problem of disturbed thought, behavior, mood or social relationships. The services are accessible 24 hours a day to provide a rapid response to crisis situations which threaten the well being of the individual or others.	(b) Services must be recommended by a physician, licensed psychologist, licensed social worker, a certified registered nurse practitioner in the area of psychiatric nursing, or a registered nurse with a master's degree in nursing and a major in psychiatric nursing.
Mental Health Crisis Intervention include intervention, assessment, counseling, screening, and disposition services which are commonly considered appropriate to the provision of mental health crisis intervention.	(c) Services include travel and direct contact with a person in crisis.
Services may be provided by licensed Mental Health providers employing mental health professionals or childrens mental health professionals, childrens mental health workers or certified mental health crisis intervention workers. The Department will require training to meet certification standards.	

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DESCRIPTIONS OF LIMITATIONS

SERVICE	LIMITATIONS
(D) Rehabilitative Services (continued)	1. Services must be recommended by a physician, or other licensed practitioner of the healing arts, within the scope of practice under state law for the maximum reduction of a disability and restoration of the individual to the best possible functional level.
iii. Community Based Mental Health Rehabilitative Services	2. Community Based Mental Health Rehabilitative Services shall be provided by licensed community treatment team program providers and licensed psychiatric rehabilitation program providers. All licensed providers of these program services are eligible to provide covered mental health rehabilitative services. Recipients are not restricted to accessing mental health rehabilitative services through providers of Community Based Rehabilitative Services and have freedom of choice to secure component services from any provider of a component service or services otherwise covered under the State Plan.
<p>Community Based Mental Health Rehabilitative Services are a bundle of medical and remedial services recommended by a physician or other licensed practitioner of the healing arts to reduce the disabling effects of an illness or disability and restore the individual to the best possible functional level in the community. Agencies providing mental health rehabilitative services are identified and licensed as either community treatment teams or psychiatric rehabilitation services.</p>	3. Consumer of mental health rehabilitative services retain freedom of choice to access all qualified providers of the component services of psychiatric rehabilitative programs that are covered in any other part of the State Plan.
<p>Community Based Mental Health Rehabilitative Services include:</p>	
<p>1) Psychiatric, medical and psychological testing and evaluations necessary to determine the individual's present status, needs, capabilities and potentials for rehabilitation. These tests and evaluations will be made by licensed physicians and psychologists with additional input from state licensed or certified professionals such as nurses, physician assistants, activity therapists and social workers, and mental health professionals acting within their scope of professional competence. Periodic testing and evaluations by similarly qualified staff will monitor the progress of the individual in treatment. Psychosocial assessments may be made by mental health professionals and workers and</p>	

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by mental health rehabilitation specialists. These evaluations and psychosocial assessments are an integral part of the service.	1. Professional staff provide services within their areas of competence as determined by license, certification, degree and required levels of experience as defined by state law and/or regulations.
2) Licensed occupational therapists and recreational therapists employing art therapy, music therapy, and movement therapy specifically designated as part of an approved treatment plan for the remediation of the effects of an illness.	5. Other staff are designated and qualified by the state under Departmental state regulations to provide mental health rehabilitative services.
3) Psychotherapy and counseling including individual, group, and collateral sessions which are provided as a part of treatment for the individual's illness or condition. Services may be provided by mental health professionals and rehabilitation specialists qualified by experience and training in accordance with state regulations.	6. Services must be delivered in accordance with a treatment plan ordered or approved by a physician which must be reviewed at least annually.
4) Rehabilitation services including individual, group and collateral sessions provided by qualified staff. Services include an awareness of side effects of medication and interaction, medication management, symptom awareness, health education, problem solving techniques, assertiveness training, pre-vocational skills provided for the purpose of the individual's overall rehabilitative plan of care, time management, role modeling and the management of disabilities in community settings. Also included are training to develop living skills such as providing assistance in regaining communication and interpersonal skills, socialization skills, personal hygiene, habilitation.	7. Community Based Mental Health Rehabilitative Services are provided where reasonable and necessary for the treatment of the recipient's illness or condition.

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nutrition, food planning and preparation, maintenance of the living environment, community awareness, resource management and the use of public transportation.

The goal of rehabilitation services and training is the attainment of medical and psychiatric stability.

5) Case management services limited to the managing of covered Medicaid services.

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

☒ Provided ☐ No limitations ☒ With limitations*
☐ Not provided.

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

☒ Provided ☒ No limitations ☐ With limitations*
☐ Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided ☒ No limitations ☐ With limitations*
☐ Not provided.

17. Nurse-midwife services.

☒ Provided ☐ No limitations ☒ With limitations*
☐ Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

☒ Provided ☐ No limitations ☒ With limitations*
☐ Not provided.

* Description provided on attachment.

SERVICE	LIMITATIONS
Hospital-Based Intermediate Care Please refer to Attachment 4.19D for reimbursement	<p><u>Limitations on payment</u> - All hospital-based nursing units must meet requirements as follows:</p> <ol style="list-style-type: none">1. The nursing unit must be composed of former acute care hospital beds that have been converted to and certified for skilled nursing or intermediate care.2. The need for the beds must have been approved by the local health planning agency.3. The distinct part unit may not exceed 50% of the facility's total licensed or approved bed complement for acute hospital care. A facility will, however, be granted an exception to the 50% bed limit if it submits written documentation to the Office of Medical Assistance Programs, Bureau of Long Term Care Programs substantiating that all of the following criteria have been met:<ol style="list-style-type: none">(i) beds operated in excess of the 50% bed limit have been approved by the Department of Health, Division of Need Review;(ii) the unit is located in an area underserved or lacking long term care beds under an approved local health plan;(iii) more than 50% of the unit's licensed long term care beds are occupied by medical assistance patients.4. A skilled nursing facility payment is made only for those beds which have been certified for skilled nursing care.
Heavy Care/Inter- mediate Services	<p><u>Limitations on payment</u> -</p> <ol style="list-style-type: none">1. Payment may be made to a nursing facility for heavy care/intermediate services when a recipient's level of care is heavy care/intermediate, only if the recipient is located in a dually certified skilled bed.2. The nursing facility shall be reimbursed for heavy care/intermediate services at the higher of the facility's applicable rates for skilled or intermediate care, as limited by the ceilings.
Nurse Midwife Services	<p><u>Limitations on payment</u> - The following limits apply to payment for compensable services:</p> <ol style="list-style-type: none">1. Maximum of 12 visits per recipient per 365 day period.2. Payment for the delivery includes inpatient antepartum care and the postpartum care in the hospital and outpatient visits during the number of postpartum days specified for a delivery in the Medical Assistance Program Fee Schedule.

SERVICE	LIMITATIONS
18. Hospice Services	<p><u>Limitations on payment</u> - The following limits apply to payment for compensable hospice services:</p> <ol style="list-style-type: none">1. Payment for inpatient respite care is limited to no more than 5 days in a 60 day certification period. Payment for inpatient respite care days in excess of the limit will be made at the routine home care rate.2. Payment is not made for general inpatient care if the Department determines that a lesser level of care was actually provided.3. The total payment to the hospice for inpatient care (general or respite) is subject to a limitation that the annual total of inpatient care days for medical assistance recipients not exceed 20 percent of the total days for which these patients had elected hospice care. The method used to calculate this limit for medical assistance purposes is consistent with the Medicare regulations at 42 CFR § 418.302(f)(5) with one exception. Recipients with a confirmed diagnosis of acquired immune deficiency syndrome (AIDS) will not be counted when making this calculation.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Pennsylvania

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

Case management services and Tuberculosis related and services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

X Provided: X With limitations

 Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2) of the Act.

 Provided: With limitations*

X Not provided.

Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

 Additional coverage++

- b. Services for any other medical conditions that may complicate pregnancy.

 Additional coverage++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

Description provided on attachment.

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ATTACHMENT 3.1-A
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State/Territory: COMMONWEALTH OF PENNSYLVANIA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by qualified provider (in accordance with section 1920 of the Act).

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not Provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not Provided.

23. Pediatric or family nurse practitioners' services.

☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.